

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1811.M5

MDR Tracking Number: M5-04-0209-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-17-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, required reports, joint mobilization, manual traction, myofascial release, ultrasound, therapeutic exercises, physical medicine treatment, and diathermy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 10-3-02 through 3-6-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 3, 2003

Re: IRO Case # M5-04-0209-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her right shoulder in ___ while carrying aircraft parts and performing repetitive pressing of tape on parts. She has been treated with chiropractic treatment, therapeutic exercises, physical therapy, injections and medication. Two MRIs and a nerve conduction study were performed.

Requested Service(s)

Established office visit, special report, joint mobilization, phys traction, myofascial release, therapeutic procedure, ultrasound therapy, phys med treatment, est outpatient, PT 1 area, diathermy 10/3/02-3/6/03

Decision

I agree with the carrier's decision to deny the requested treatment

Rationale

The patient had extensive chiropractic and medical treatment without documented relief of symptoms or improved function prior to and including the dates in dispute.

The treatment notes provided for this review are very difficult or impossible to read. Clearly, from what can be read from the documents presented, little has been done that has been beneficial to the patient. The patient's chronic and ongoing care has not produced any measurable or objective improvement. The documentation provided for this review does not show objective, quantifiable findings to support treatment.

The patient had a preexisting degenerative change of the right shoulder according to the MRI reports. Inflammatory changes result from degenerative changes and can cause the symptoms described by the patient. Physical therapy, medication and injections rarely provide lasting relief in such a situation. The treating D.C. should have realized after two or three months of treatment that he should not help this patient. The treatment was not beneficial to the patient, was not provided in the least intensive setting, and was over utilized.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,